

Hazard report form*

NOTE: This form is for reporting hazards and is not a statutory (improvement or prohibition) notice under the *Workplace Health and Safety Act 1995*.

Reference no.

Part A: Complete items 1-5 and give form to the employer, principal contractor, or WHSO

(1) Brief description of hazard/health and safety issue

(2) Location of hazard in the workplace

(3) Time/Date hazard identified

Time:	<input type="checkbox"/> am	<input type="checkbox"/> pm	Date:	/	/
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(4) Recommended remedial action to ensure workplace health and safety

Recommended completion date:	/	/

(5) Please note: This report does not imply that all other conditions and work practices are acceptable

Reported by: Name: Signature: Contact number: () Date: / /	Received by: Employer <input type="checkbox"/> Principal contractor <input type="checkbox"/> Workplace Health and Safety Officer <input type="checkbox"/> Name: Signature: Contact number: () Date: / /
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Part B: Description of remedial action taken to ensure workplace health and safety

Reporting person:	Completed on:	/ /
Has the issue been satisfactorily addressed?	Reporting person signature:	/ /
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part C: To be completed if the reporting person intends to notify an inspector

Contact details of employer/principal contractor	
Name:	
Address:	
Contact number: ()	

* Original to be retained by the reporting person.
 * Copy to be given to the WHSO / employer / principal contractor as applicable.
 * Copy to be forwarded to workplace health and safety inspector as applicable.

Directions for completing this form

Effective safety management relies on hazards and unsafe work being identified and reported as part of normal work practice, and being rectified as soon as possible. All people at work should be encouraged to participate in hazard identification and reporting. Using this form in the hazard identification and reporting process also promotes consultation on safety issues at the workplace.

What is the form used for?

The form is used to record and notify a hazardous condition or work practice to the employer or principal contractor.

Who should complete the form?

Workplace health and safety representatives (WHSR's) are entitled to inspect their area of representation and to report, orally or in writing, to the employer, principal contractor, or workplace health and safety officer, any issue that in their opinion affects or may affect workplace health and safety. It is not mandatory to use this form to comply with section 81(1) (i) of the *Workplace Health and Safety Act 1995* (the Act).

The WHSR may report the issue to a workplace health and safety inspector, where they consider the employer or principal contractor has not addressed the workplace health and safety issue.

If a report is made to a workplace health and safety inspector, the inspector will retain a copy of the report. However, the inspector will not necessarily visit the workplace.

Other people may also use this form to report a workplace health and safety issue to their employer or principal contractor, that they consider needs addressing.

How to complete the form

This form consists of **three** parts:

Part A: Report a hazard

In sections 1 to 5, the reporting person must:

- (1) describe the health and safety hazard/issue observed
- (2) provide the location of the hazard in the workplace
- (3) record the Time/Date the hazard was identified
- (4) record the recommended remedial action and completion date to make the area safe. Advice listed here is not a directive and the hazard may be rectified in another manner
- (5) provide name, contact number and sign and date the form; and
 - (a) ensure the employer, principal contractor or WHSO provides name, contact number and signs and dates the form
 - (b) make copies and keep records as required.

A reference number may be assigned to each form to facilitate this purpose.

Part B: Record the remedial action taken to fix the problem.

The reporting person, employer, principal contractor or workplace health and safety officer should describe the measures introduced to rectify the hazard/issue. The reporting person should then indicate whether the issue has been satisfactorily addressed and sign and date in the area provided.

Part C: Notify an Inspector if the hazard/issue is not resolved satisfactorily.

If the reporting person believes that the hazard/issue has not been satisfactorily addressed within a reasonable period of time, the reporting person may complete this part and forward a copy of the form to the nearest Workplace Health and Safety Queensland regional office. A list of regional office addresses appear below.

Provide the employer's or principal contractor's full name, address of the workplace and a contact number.

Offices of the Department of Employment and Industrial Relations Workplace Health and Safety Queensland

District	Location	Facsimile
Brisbane North	Centro Lutwyche, Level 4, 543 Lutwyche Road P.O. Box 820, LUTWYCHE Q 4030	Fax: (07) 3247 9426
Brisbane South	Level 2, Block C, 643 Kessels Road P.O. Box 6500, UPPER MT. GRAVATT Q 4122	Fax: (07) 3216 8431
Ayr	193 Queen Street P.O. Box 639, AYR Q 4807	Fax: (07) 4761 2005
Bundaberg	16 Quay Street Locked Mail Bag 3955, BUNDABERG Q 4670	Fax: (07) 4153 1207
Cairns	10-12 McLeod Street P.O. Box 2465, CAIRNS Q 4870	Fax: (07) 4048 1493
Emerald	Shop 6/7 Clerana Centre Cnr. Anakie & Clermont Streets, P.O. Box 1814, EMERALD Q 4720	Fax: (07) 4982 3756
Gladstone	Gladstone Government Offices Level 2, Cnr Oaka Lane and Roseberry Street Locked Mail Bag 15, GLADSTONE Q 4680	Fax: (07) 4972 6196
Gold Coast	Level 1, 10 Cloyne Road Locked Mail Bag 91, SOUTHPORT Q 4215	Fax: (07) 5583 5060
Innisfail	12 Fitzgerald Esplanade P.O. Box 558, INNISFAIL Q 4860	Fax: (07) 4061 4371
Ipswich	Level 1, Ipswich Courthouse Cnr East and Limestone Streets, P.O. Box 226, IPSWICH Q 4305	Fax: (07) 3202 1018
Logan	Level 1, Wembley Place 91 Wembley Road P.O. Box 829, LOGAN CENTRAL Q 4114	Fax: (07) 3287 8333
Mackay	Post Office Square, Level 1 Cnr. Sydney and Gordon Streets Locked Mail Bag 1, MACKAY Q 4740	Fax: (07) 4967 4477
Maryborough	319-325 Kent Street Locked Mail Bag 63, MARYBOROUGH Q 4650	Fax: (07) 4123 1704
Mt Isa	75 Camooweal Street P.O. Box 2249, MT ISA Q 4825	Fax: (07) 4743 8122
Nambour	Centenary Square Building Level 1, 52-64 Currie Street P.O. Box 501, NAMBOUR Q 4560	Fax: (07) 5470 8732
Rockhampton	State Government Building Level 2, 209 Bolsover Street Locked Mail Bag 7, ROCKHAMPTON Q 4700	Fax: (07) 4938 4155
Roma	Cnr Spencer & Bowen Sts P.O. Box 697, ROMA Q 4455	Fax: (07) 4624 3050
Thursday Island	Aplin Road P.O. Box 341, THURSDAY ISLAND Q 4875	Fax: (07) 4069 2438
Toowoomba	James Cook Centre Level 1, Cnr. Ruthven Street and Herries Street P.O. Box 234, TOOWOOMBA Q 4350	Fax: (07) 4687 2877
Townsville	254 Ross River Road Locked Mail Bag 15, AITKENVALE Q 4814	Fax: (07) 4760 7959

For more information on how to complete the form, please call 1300 369 915.